

MDR Tracking Number: M5-04-2199-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on March 15, 2004.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the needle electromyography to extremities, nerve conduction motor testing, nerve conduction sensory testing, somatosensory testing, H and F wave testing and unlisted procedure 95999-27 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above were not found to be medically necessary, reimbursement for date of service 04-16-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 10<sup>th</sup> day of June 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division  
PR/pr

May 20, 2004

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IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board certified and specialized in Neurology. The reviewer is on the TWCC Approved Doctor List (ADL).

The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

\_\_\_ was a 48 years old when he fell from a ladder and sustained injury to his right foot on \_\_\_. He was seen at \_\_\_ on 07/15/02 for follow-up on the mid-foot contusion. A physical exam revealed his foot was swollen and ecchymotic in the mid-foot and tender over the mid-foot. He was treated with Darvocet, Relafen and Neurontin. Records were reviewed by \_\_\_ who noted that the patient had a prior history of a left hip replacement and reflex sympathetic dystrophy. He noted the patient was first seen on 06/13/02 by \_\_\_ who noted edema, pain, bruising, and tenderness to palpation in the right foot with diagnosis of contusion of the right foot. He felt the patient had sustained a sprain of the right foot and that he did not require any work hardening, work conditioning or injections. Records were reviewed again on 01/29/03 by \_\_\_, orthopedist. He felt the patient did not require continued treatment or other modalities including durable medical equipment, prescription medications, physical therapy or occupational therapy and should have reached MMI as of 07/15/02.

This patient was also seen by Chiropractor \_\_\_ on 03/07/03 who diagnosed right foot sprain, right tarsal tunnel syndrome, right knee sprain, rule out tear of the MCL and lumbosacral sprain, rule out disc. He recommended additional resting including MRI scan of the foot, knee and lumbar spine and an EMG nerve study. An MRI scan of the right knee was unremarkable. MRI of the right ankle was normal also. A lumbar MRI scan was unremarkable. \_\_\_ ordered an MRI of the right foot, which was accomplished on 04/04/03 and showed a possible subtle horizontal fracture of the first metatarsal dorsal base with a cyst in the MTP joint. He recommended a bone scan.

He had EMG nerve testing by \_\_\_, neurologist, on 04/16/03. He performed motor nerve studies, sensory nerve studies, F-waves H-reflexes, and found delays in the left superficial peroneal nerve and delay in the right deep peroneal sensory nerve. He performed evoked potentials as well suggesting a right L4 radiculopathy. There was also an needle EMG study performed by \_\_\_ on 04/16/03 that suggested a left L5 radiculopathy. No denervation potentials were seen on the needle EMG study. The last report available for review is from \_\_\_, pulmonologist, who saw the patient on 05/14/03. He found the patient to be noncompliant. There were no additional medical records available for review.

#### DISPUTED SERVICES

Under dispute is the medical necessity of needle electromyography to extremities, nerve conduction motor testing, nerve conduction sensory testing, somatosensory testing, H and F wave testing, and unlisted procedure 95999-27.

### DECISION

The reviewer agrees with the prior adverse determination.

### BASIS FOR THE DECISION

Review of the available records reveals the patient sustained only a right foot contusion in the \_\_\_\_ injury.

It is well established in the Neurology community and literature that EMG nerve studies are performed to rule out peripheral neuropathies nerve injuries or radiculopathies. The patient had no evidence of radiculopathy or lumbar injury and sustained only an injury to the local area of the right foot. There was no medical indication to perform motor nerve studies, sensory nerve studies, F-waves, H-reflexes or needle EMG as related to the right foot contusion that occurred on 06/12/02. There is no peer-reviewed literature supporting the use of needle EMG nerve studies for a right foot contusion.

In summary, the reviewer found no medical necessity for the needle electromyography to extremities, nerve conduction motor testing, nerve conduction sensory testing, somatosensory testing, H and F wave testing, and unlisted procedure 95999-27 that are in dispute.

\_\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_\_ has made no determinations regarding benefits available under the injured employee's policy

As an officer of \_\_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,